

STUDENTS

09.36 AP.21

School-Related Student Trip Request Form & Event Specific Emergency Action Plan (EAP)

SCHOOL : North Todd Elementary School FACULTY MEMBER(S) SPONSORING TRIP MR. BLAKE

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment: _____

DESTINATION: ROTARY CLUB COMMUNITY HOUSE ADDRESS: ELKTON, KY

Overnight; give name, address, phone of lodging: _____

DATE(S) OF TRIP: 12/11/24 DEPARTURE TIME: 11:15 AM RETURN TIME: 12:30 PM

SOURCE OF FUNDING FOR TRIP

NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY.

NUMBER OF: STUDENTS: 26 FACULTY SPONSORS: 1 TOTAL # OF PARTICIPANTS: 26

EAP: Person contacted at venue to discuss EAP: _____ Person making contact: Mr. Blake

Is there an Automated External Defibrillator (AED) on site: Yes =X No If yes, where: _____

Does the venue have an Emergency Response Team: Yes X No If yes, how are they contacted: _____

School Employee(s) Attending Trip (Please note beside name if employee is CPR trained):

Mr. Blake

(Please use separate sheet and attach to this form if more space is needed to list school employees attending).

Allen Boney
Signature of Faculty Sponsor

11/22/24
Date

Approval of Site Based Council Representative _____ Date _____

District Use Only

Section 2

Approval of District Representative _____ Date _____

DRIVER: TURN THIS FORM IN WITH TIMESHEETS

Section 3

Date/Time Departure: _____ Odometer Start: _____

Date/Time Return: _____ Odometer End: _____

I hereby certify that the above information is correct to the best of my knowledge.

Driver Signature _____ Date _____

Driver Comments:

Coach or School Representative Signature _____ Date _____

STUDENTS

09.36 AP.21

School-Related Student Trip Request Form & Event Specific Emergency Action Plan (EAP)

SCHOOL : North Todd Elementary School FACULTY MEMBER(S) SPONSORING TRIP Karen Ballard

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment: _____

DESTINATION: _____ ADDRESS: Logan Aluminum 16920 Lewisburg Rd
 Overnight; give name, address, phone of lodging: Russellville rd 42276

DATE(S) OF TRIP: 12/17/24 DEPARTURE TIME: TBD RETURN TIME: TBD

SOURCE OF FUNDING FOR TRIP _____

NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY.

NUMBER OF: STUDENTS: 6 FACULTY SPONSORS: 4 TOTAL # OF PARTICIPANTS: 10

EAP: Person contacted at venue to discuss EAP: _____ Person making contact: _____

Is there an Automated External Defibrillator (AED) on site: Yes No If yes, where: _____

Does the venue have an Emergency Response Team: Yes No If yes, how are they contacted: _____

School Employee(s) Attending Trip (Please note beside name if employee is CPR trained):

Karen Ballard (CPR) Laurie Case.
Jessica Connor
Serena Hedrick

(Please use separate sheet and attach to this form if more space is needed to list school employees attending).

[Signature]
Signature of Faculty Sponsor

Date

11/20/24

Approval of Site Based Council Representative *[Signature]*

Date

11/18/24

*SPED bus needed

District Use Only

Section 2

Approval of District Representative _____ Date _____

DRIVER: TURN THIS FORM IN WITH TIMESHEETS

Section 3

Date/Time Departure: _____ Odometer Start: _____

Date/Time Return: _____ Odometer End: _____

I hereby certify that the above information is correct to the best of my knowledge.

Driver Signature _____ Date _____

Driver Comments: _____

Coach or School Representative Signature _____ Date _____

STUDENTS

09.36 AP.21

School-Related Student Trip Request Form & Event Specific Emergency Action Plan (EAP)

SCHOOL : North Todd Elementary School **FACULTY MEMBER(S) SPONSORING TRIP** MRS. BOLEY

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment: North Todd

DESTINATION: TODD COUNTY CENTRAL HIGH SCHOOL **ADDRESS:** ELKTON, KY

Overnight; give name, address, phone of lodging: _____

DATE(S) OF TRIP: 12/17/24 **DEPARTURE TIME:** 8:30 AM **RETURN TIME:** 10:30 PM

SOURCE OF FUNDING FOR TRIP

NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY.

NUMBER OF: STUDENTS: K, 1, 2, SPED BUS **FACULTY SPONSORS:** 1 **TOTAL # OF PARTICIPANTS:** 187
STUDENTS AND 6 ON SPED BUS

EAP: Person contacted at venue to discuss EAP: _____ Person making contact: Yvonne Haley

Is there an Automated External Defibrillator (AED) on site: Yes =X No If yes, where: _____

Does the venue have an Emergency Response Team: Yes X No If yes, how are they contacted: _____

School Employee(s) Attending Trip (Please note beside name if employee is CPR trained):

Donna Jo Williams

Kimberly Sparks

Shelia Woodall

Melissa Young

Jackie Leavell

Erica Whitaker

Amanda Gant

Mishawn Greenfield

Jerilyn Henderso

Cindy Williams

Kaielyn Dawson

Emily Daugherty

Sarah Stuard

SPED ASSISTANT

(Please use separate sheet and attach to this form if more space is needed to list school employees attending.)

Signature of Faculty Sponsor

Date

Approval of Site Based Council Representative _____ Date _____

District Use Only

Section 2

Approval of District Representative _____ Date _____

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Section 3

Date/Time Departure: _____ Odometer Start: _____

Date/Time Return: _____ Odometer End: _____

I hereby certify that the above information is correct to the best of my knowledge.

Driver Signature _____ Date _____

Driver Comments:

Coach or School Representative Signature _____ Date _____

STUDENTS

09.36 AP.21

School-Related Student Trip Request Form & Event Specific Emergency Action Plan (EAP)

SCHOOL : North Todd Elementary School **FACULTY MEMBER(S) SPONSORING TRIP** MRS. BOLEY

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment: North Todd

DESTINATION: TODD CENTRAL HIGH SCHOOL **ADDRESS:** ELKTON, KY

Overnight; give name, address, phone of lodging: _____

DATE(S) OF TRIP: 12/18/24 **DEPARTURE TIME:** 8:30 AM **RETURN TIME:** 10:30 PM

SOURCE OF FUNDING FOR TRIP

NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY.

NUMBER OF: STUDENTS: 58 (3RD GRADE) 45 (SADLER BUS) 63 (JONES BUS) **FACULTY SPONSORS:** 1 **TOTAL # OF PARTICIPANTS:** 177 **PARTICIPATES 3RD - 5TH GRADE** **NEED ONLY ONE BUS FOR 3RD**

EAP: Person contacted at venue to discuss EAP: _____ Person making contact:

Is there an Automated External Defibrillator (AED) on site: Yes =X No If yes, where: _____

Does the venue have an Emergency Response Team: Yes X No If yes, how are they contacted: _____

School Employee(s) Attending Trip (Please note beside name if employee is CPR trained):

Lacy Ellis

Elizabeth Addison

Laura McGehee

Jessica Lear

Kaitlyn Morris

Sierra Smith

Brett Carver

Trish Knepper

Joey Jones (bus 608 driver)

Chuck Sadler (bus.....driver)

SPED Assistant

(Please use separate sheet and attach to this form if more space is needed to list school employees attending.)

Janice Boley
Signature of Faculty Sponsor

11/20/24
Date

Approval of Site Based Council Representative _____ Date _____

District Use Only

Section 2

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Coach or School Representative Signature _____ Date _____